



EMPLOYEES GROUP INSURANCE DEPARTMENT

Provider Handbook

UB-04

UB-04 Form Completion Guide

Purpose of Document

The purpose of this document is to provide a block-by-block reference guide to assist the following provider community in successfully completing the UB-04 claim form: The UB-04 **RED** claim form must be used when submitting a paper claim.

- Department of Rehabilitative Services

If paper claim form is **handwritten** it must be completed using **blue** or **black** ink.

All paper claim forms must be addressed and mailed to the following:

Claim Forms

Hewlett Packard Administrative Services

P.O. Box 25069

Oklahoma City, OK 73125-0069

Document Format

This document contains a table with four columns. Each column provides a specific piece of information as explained below:

Block Number	Provides the block number as it appears on the claim.
Block Name	Provides the block name as it appears on the claim.
Block Code	Lists a code that denotes how the claim block should be treated. They are R—Indicates that the claim block must be completed. A—Indicates that the claim block must be completed, if applicable. O—Indicates that the claim block is optional. LB—Indicates that the claim block should be left blank.



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Notes Provides important information specific to completing the claim block. In some instances, the Notes section will indicate provider specific block completion instructions.

Definitions

DOC Department of Corrections

DRS Department of Rehabilitative Services

Block No.	Block Name	Block Code	Notes
1	Provider Name, Address, and Telephone Number	R	<p>Inpatient and Outpatient:</p> <p>Enter the Billing provider information in Form Locator 1 on the appropriate line:</p> <p>Line 1 – Provider Name Line 2 – Complete street address Line 3 – City, state, and zip code (5 or 9 digits) Line 4 – Area code and telephone number</p>
2	Unlabeled (Pay-To Name, Address, and Pay-to Provider ID)	R	<p>Inpatient and Outpatient:</p> <p>Enter the Service Facility Location information in Form Locator 2 on the appropriate line:</p> <p>Line 1 – Service Facility Provider Name Line 2 – Service Facility Street Address Line 3 – Service Facility City, State, and ZIP Code</p>
3a	Patient Control Number	O	<p>Inpatient and Outpatient:</p> <p>Enter Patient Control number. Must be no longer than twenty characters.</p>
3b	Medical Record Number	LB	Do not complete this Block.



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Block No.	Block Name	Block Code	Notes
4	Type of Bill	R	<p>Inpatient and Outpatient:</p> <p>Must be only three digits. Do not enter a leading zero. Refer to the UB-04 Manual for guidance.</p>
5	Federal Tax Number	R	<p>Inpatient and Outpatient:</p> <p>Enter Federal tax number of the entity to whom payment is expected to be issued to. Cannot be greater than nine digits</p>
6	Statement Covers Period (From/Through)	R	<p>Inpatient Only :</p> <p>Enter the dates the patient was admitted and discharged from the facility. Use both the From and Through dates. Enter the dates in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107).</p> <p>Outpatient Only:</p> <p>Enter the date(s) services were rendered. Use both the From and through dates. Enter the dates in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107).</p>
7	Unlabeled	LB	Do not complete this Block.
8 (a,b)	Patient Name a. Patient ID b. Patient Name	LB/R	<p>Inpatient and Outpatient:</p> <p>(a) Not required</p> <p>(b) Enter Patient Last Name and First name (e.g., Doe, John)</p>



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9 (a-e)	Patient Address	O	<p>Inpatient and Outpatient:</p> <p>Enter the address of the patient.</p> <p>a) Street</p> <p>b) City</p> <p>c) State</p> <p>d) ZIP Code</p> <p>e) Country Code</p>
10d	Birthdate	R	<p>Inpatient and Outpatient:</p> <p>Enter the patient's date of birth using an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 02151978) or six-digit format MMDDYY (month, day, and year) format (e.g.021578).</p>
11	Sex	R	<p>Inpatient and Outpatient:</p> <p>Enter "F" for female or "M" for male.</p>
12	Admission Date	R	<p>Inpatient only:</p> <p>Enter the date the patient was admitted to the facility for inpatient care.</p> <p>Enter date in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578).</p> <p>Date must fall within the Statement Covers Period (block no. 6)</p>



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Block No.	Block Name	Block Code	Notes
13	Admission Hour	O	<p>Inpatient and Outpatient:</p> <p>Enter time in military hours 00-23.</p> <p>Examples: Midnight – 12:59 a.m. = 00 Noon – 12:59 p.m. = 12 6:00 p.m. – 6:59 p.m. = 18</p>
14	Admission Type	R	<p>Inpatient Only:</p> <p>Enter one of the two digit admission type values listed:</p> <p>01 = Emergency 02 = Urgent 03 = Elective 04 = Newborn 05 = Trauma 06 - 08 = Reserved 09 = Information not available</p>
15	Source of Admission	R	<p>Inpatient and Outpatient:</p> <p>Must be selected from the following list below, but cannot be more than four characters.</p> <p>1 Physician Referral 2 Clinical Referral 3 HMO Referral 4 Transfer from a Hospital 5 Transfer from a Skilled Nursing Facility 6 Transfer from another health care facility 7 Emergency Room 8 Court/Law Enforcement 9 Information not available A Transfer from a critical access hospital B Transfer from another home health agency C Readmission to same home health agency D Transfer from hospital inpatient in the same facility, separate claim to payer E E-Z Reserved for national assignment</p>



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Block No.	Block Name	Block Code	Notes
16	Discharge Hour	LB	Do not complete this Block.
17	Patient Discharge Status	R	Inpatient Only : Enter the national code indicating the patient's status on the Statement Covers Period THROUGH date (Block No. 6). Value must be 01-99.
18-28	Condition Codes	O	Inpatient and Outpatient: Required when applicable. Refer to the UB-04 Manual for requirements and for the codes used to identify conditions or events relating to this bill. If entered must be two characters each.
29	Accident State	LB	Do not complete this block
30	Unlabeled		Do not complete this block
31-34(a-b) (unshaded or shaded)	Occurrence Code/Date	A	Inpatient and Outpatient: Required when applicable. If Occurrence Code entered it must be two characters. If Occurrence Code entered a Corresponding date must be entered. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578). Refer to the UB-04 Manual for codes.



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35-36(a-b) (unshaded or shaded)	Occurrence Span Code and Dates	A	<p>Inpatient:</p> <p>If Occurrence Span Code entered it must be two characters. If Occurrence Span Code entered a Corresponding date must be entered. Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578).</p> <p>If Date entered corresponding Occurrence Span Code must be entered.</p> <p>Outpatient:</p> <p>Refer to the UB-04 Manual as appropriate and follow rules under Inpatient.</p>
37	Unlabeled	LB	Do not complete this block
38	Unlabeled	LB	Do not complete this block
39 - 41 (a-d)	Value Codes and Amount	A	<p>Inpatient Only:</p> <p>Value code must be two characters</p> <p>Value amount must be numeric and no more than ten digits.</p> <p>If value code entered, amount must be entered.</p> <p>If amount entered, value code must be entered.</p> <p>Refer to the UB-04 manual for guidance.</p>
42 (1-22)	Revenue Codes	R	<p>Inpatient and Outpatient:</p> <p>Only ONE UB-04 can be submitted per hospital stay. You MUST combine similar revenue codes if there are more than 22 codes. For example, under Pharmacy, if you provide Revenue Codes 0251, 0252, and 0258, you would use one of the revenue codes and add up the units of service provided.</p> <p>Refer to the UB-04 Manual for codes.</p>
42 (23)	Revenue Codes	LB	Do not complete this block.



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Block No.	Block Name	Block Code	Notes
43 (1-22)	Revenue Code Description	R	<p>Inpatient and Outpatient:</p> <p>Enter the appropriate narrative description to correspond to the related revenue codes found in Block 42.</p>
43 (23)	Page __ of __	R	<p>Inpatient and Outpatient:</p> <p>In the first blank, type the number of this page. In the second blank, type the number of pages in this claim (e.g., PAGE <u>001</u> of <u>015</u>).</p>
44 (1-22)	HCPCS / Rate / HIPPS Code	A	<p>Inpatient and Outpatient:</p> <p>Refer to the UB-04 Manual for codes.</p>
45 (1-22)	Service Date	R	<p>Inpatient and Outpatient:</p> <p>Date must be within the statement covers period (Block 6).</p> <p>Enter the date in an eight-digit format (MMDDCCYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 03012007) or in six-digit format (MMDDYY). Do not use spaces, slashes, dashes, or hyphens (e.g., 030107).</p>
46 (1-22)	Service Units	R	<p>Inpatient and Outpatient:</p> <p>Enter the number of service units provided.</p> <p>Can enter decimal (e.g. 5.1) cannot be longer than eight digits.</p>
47 (1-22)	Total Charges	R	<p>Inpatient and Outpatient:</p> <p>Enter total charge for revenue code being billed on the appropriate corresponding line for the current billing period. Must not exceed eleven digits.</p>



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Block No.	Block Name	Block Code	Notes
47 (23)	Totals	R	<p>Inpatient and Outpatient:</p> <p>Total of lines 1-22 of this claim page.</p> <p>Must not exceed eleven digits.</p> <p>If claim is a multiple page claim, total charges for each claim page must be entered.</p>
48 (1-23)	Non-Covered Charges	LB	Do not complete this block.
(1-23)	Unlabeled	LB	Do not complete this block.
53	Planning Assignment of Benefits	A	<p>Inpatient and Outpatient:</p> <p>Enter "Y" if applicable.</p> <p>Refer to the UB-04 Manual for guidelines.</p>
54	Prior Payments	LB	Do not complete this block.
55	Estimated Amount Due	LB	Do not complete this block.
56	NPI	R	<p>Inpatient and Outpatient:</p> <p>Enter the billing provider ten digit National Provider Identifier number.</p>
57 (A B C)	Other Provider ID	LB	Do not complete this block.
58 (A B C)	Insured's Name	LB	Do not complete this block.
59 (A B C)	Patient's Relationship to Insured	LB	Do not complete this block.



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60 (A B C)	Insured's Unique ID	R	<p>Inpatient and Outpatient:</p> <p>Enter the Member's ID, Must be: DOC—9 Characters HealthChoice—8 Characters DRS—9 Characters</p> <p>Note: Include any leading zeros.</p> <p>Note: For DOC and HealthChoice do not enter SSN, use the DOC or HC contract holder identifier</p>
61 (A B C)	Insurance Group Name	LB	Do not complete this block.
62 (A B C)	Insurance Group Number	LB	Do not complete this block.
63 (A B C)	Treatment Authorization Codes	LB	Do not complete this block.
64 (A B C)	Document Control Number	LB	Do not complete this block.
65 (A B C)	Employer Name	LB	Do not complete this block.
66	DX Version Qualifier	R	<p>ICD-CM Version Indicator</p> <p>Valid Values—9 for 9th revision 0 for 10th revision</p> <p>Do not bill both ICD9 and ICD10 on Same claim</p>



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Block No.	Block Name	Block Code	Notes
67 (a-q)	Principal Diagnosis Code Present on Admission (POA) Indicator	R	<p>Inpatient and Outpatient:</p> <p>At least one diagnosis code is required. Cannot bill ICD9 and ICD10 on same claim. Enter the ICD-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, and that have an effect on the treatment received or the length of stay. For each Diagnosis that was Present on Admission, the POA indicator must be entered on the form, immediately to the right of the diagnosis code itself.</p> <p>Valid values: Y, N, U, W.</p>
68	Unlabeled	LB	Do not complete this block.
69	Admitting Diagnosis Code	R	<p>Inpatient only:</p> <p>Enter up to eight digits of the admitting diagnosis code. Refer to the UB-04 Manual for guidelines.</p>
70 (A B C)	Patient's Reason for Visit code	A	<p>Outpatient only:</p> <p>The ICD-CM diagnosis code(s) describing the patient's reason for outpatient registration.</p> <p>Refer to the UB-04 Manual for guidelines.</p>
71	PPS Code	LB	Do not complete this block.
72 (A B C)	External Cause of Injury Code	A	<p>Inpatient and Outpatient:</p> <p>Enter the ICD-CM External Cause of Injury Code.</p> <p>Refer to the UB-04 Manual for guidelines.</p>
73	Unlabeled	LB	Do not complete this block.



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74 (a-e)	Principal Procedure Code & Date	R	<p>Inpatient only:</p> <p>Enter the appropriate ICD-CM procedure code for procedure/service performed. Cannot be more than eight characters</p> <p>If Principal Procedure Code entered then date must be entered also.</p> <p>Date can be entered in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) or six-digit format MMDDYY (month, day, and year) format (e.g., 021578).</p> <p>If Date entered corresponding Principal Procedure Code must be entered.</p>
75	Unlabeled	LB	Do not complete this block.
76	Attending Physician ID NPI Qualifier ID Number (Unlabeled)	LB	Do not complete this block.
77	Operating Physician ID NPI Qualifier ID Number (Unlabeled)	LB	Do not complete this block.



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78	Last First Other Physician ID NPI Qualifier	LB	Do not complete this block.
79	Other Physician ID NPI	A	Inpatient and Outpatient: Required when the claim involves another provider such as but not limited to; referring provider, ordering provider, existing provider, etc. Refer to the UB-04 Manual for guidelines.
80	Remarks	LB	Do not complete this block.
81	CC	LB	Do not complete this block.